



STATE OF HAWAII DEPARTMENT OF HEALTH - CLEAN AIR BRANCH
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SLEIS ELECTRONIC CERTIFICATION FORM

The EPA's Cross-Media Electronic Reporting Regulation (CROMERR), provides the legal framework for reporting to States and Local Agencies that choose to receive reports and documents from facilities through the Internet. The CROMERR requirements provide for electronic reporting under authorized state and local government programs, apply to the governmental entities administering the authorized programs, and to facilities that submit data through the Internet to those governmental entities. If on-line reporting is offered by the state or local agency, an Environmental Protection Agency-approved electronic signature process must be in place. Alternatively, on-line reporting can be followed up by submitting this form with a certified document with the same information that was submitted on-line.

Currently, the Department of Health–Clean Air Branch (DOH-CAB) on-line State and Local Emission Inventory System (SLEIS) does not have an approved electronic signature system. Therefore, we must receive this form and a certified document of the data submitted on-line. A detailed emissions report was created in SLEIS for use as the certified document of the on-line submittal. The emissions report is an attachment to the email generated after successfully sending your emissions inventory report to DOH-CAB. The emissions report can also be downloaded from the *View Submission History* page accessed from the SLEIS report homepage. The emissions report can be printed out by the facility user and sent to DOH-CAB with this **SLEIS Electronic Certification Form** to meet the CROMERR requirements.

The responsible official, as defined in Hawaii Administrative Rules (HAR) §11-60.1-1, must sign the certification statement below and mail this **SLEIS Electronic Certification Form** with the certified document (emissions report) of on-line submittal to the address listed at the top of this form.

RESPONSIBLE OFFICIAL

(as defined in HAR §11-60.1-1)

Name (Last): _____ (First): _____ (MI): _____

Title: _____

Mailing Address: _____

Telephone Number: (____) ____-____EXT:_____

Certification by Responsible Official

(pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate, and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the DOH-CAB as public record.

NAME (Print/Type): _____

Signature: _____ Date ____/____/____